

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$698.00 date of service 09/20/01.
- b. The request was received on 02/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/07/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/05/02
 - b. Response to the Request for Medical Dispute dated 03/05/02, 03/12/02, 03/18/02
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 03/13/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 03/15/02. The response from the insurance carrier was received in the Division on 03/018/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 01/07/02 that, "The first denial posted was 'Pre-authorization not obtained',...the second denial comes back as a 'Duplicate charge'....My position...is to clarify that carrier still owes Dr...\$698.00....this EMG/NCV does not require any authorization...per Rule 133.600 (H-6). The Documentation of Procedure (DOP) is defined and attached...."

2. Respondent: The Respondent's representative states in the correspondence dated 02/05/02 that, "Our rationale for denial is as follows: 1. This is a repeat emg/ncv. The first set of emg/ncv's were performed on 9/6/01 by a different provider...This study is over \$350.00 and no pre-authorization was obtained. Per Texas Workers' Compensation rule [sic] 134.600, all repeat baseline diagnostic studies require pre-authorization."

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/20/01.
- The provider billed \$1,484.00 for date of service, 09/20/01.
- The carrier did not reimburse the provider for the services billed for date of service, 09/20/01.
- The amount in dispute is \$698.00 for date of service, 09/20/01.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE
09/20/01	99244	\$336.00	\$0.00	X388 A	\$148.00	MFG E/M GR	The carrier denied the charges by denial code "X388 – THIS SERVICE WAS NOT PRE-AUTHORIZED IF CONFORMANCE WITH TWCC RULE 133.600(H). (X388)." The carrier's response is timely, and no other EOB(s) or medical audits were noted. Therefore, the Medical Review Division's decision is rendered based on the denial code submitted to the provider prior to the date of this dispute being filed.
09/20/01	95860	\$210.00	\$0.00	X388 A	\$113.00	(IV) (A); (C) (1);	
09/20/01	95900	\$378.00	\$0.00	X388 A	\$64.00 per nerve	(IX) (D) (1);	
09/20/01	95904	\$360.00	\$0.00	X388 A	\$64.00 per nerve	MFG MGR (IV) (C);	
09/20/01	95935	\$200.00	\$0.00	X388 A	\$53.00	MFG (IV) (D); MFG MGR (IV) (B) (2); Rule 133.600 (h) CPT descriptors	
							In their position statement, the carrier stated the billed charges were denied because the testing was performed by a different doctor on 09/06/01. Rule 133.600 (h) requires preauthorization for "repeat individual diagnostic study, with a fee established in the current Medical Fee Guideline of greater than \$350.00 or documentation of procedure...." The carrier did not submit documentation to substantiate their claim that the testing was previously performed. None of the testing performed by the provider was DOP or over \$350.00. The provider submitted medical documentation to support that services were rendered as billed. Therefore, reimbursement of \$698.00 is recommended.
Totals		\$1,484.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$698.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$698.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of May 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.